Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

Security Business Bancorp Jurisdiction of Incorporation/Organization	of Issuer	Previous Name(s)	None	Entity Type (Select one)
Limited Liability Comp. General Partnership General General Partnership General	ity Business Bancorp	Tievious Name(s)		Corporation
Limited Liability Compiner Continuation Conti	ction of Incorporation/Organization			<u></u>
ear of Incorporation/Organization Select one) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Over Five Years Ago Within Last Five Years (specify year) Other (Specify) Principal Place of Business and Contact Information Street Address 1 Street Address 2 Principal Place of Business and Contact Information Street Address 2 Phone No. Process THOMSON R And Processing Section Indiddle Name First Name First Name First Name Rodeno Paul Street Address 2 Mall Processing Section Indiddle Name First Name Rodeno Street Address 2 Mall Processing Section Indiddle Name First Name Rodeno Indiddle Name First Name Rodeno Paul Street Address 2 Mall Processing Section Indiddle Name First Name Rodeno Response (if Necessary) (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Identify additional related persons by checking this box and attaching item 3 Continuation Paul (Id		7		Limited Liability Company
Other (Specify)				
Cover Five Years Ago				
Street Address 1 TO 1 B St., Ste. 100 City San Diego CA/USA Street Address 2 Phone No. 760.448.8300 FEB 0 6 7 THOMSON R Brash Related Persons Last Name First Name Rodeno Paul Street Address 2 Phone No. 760.448.8300 FEB 0 6 7 THOMSON R Agriculture Banking and Financial Services	er Five Years Ago () Within Last Five Y	Years 2007 Ye	et to Be Formed	
Street Address 1 701 B St., Ste. 100 City San Diego Em 3. Related Persons Last Name First Name Rodeno Street Address 1 Street Address 2 Afail Processing Section Street Address 1 Street Address 2 Afail Processing Section City San Diego CA State/Province/Country Street Address 2 Afail Processing Section City San Diego CA Relationship(s): Executive Officer CA/USA Relationship(s): Executive Officer Director Clarification of Response (If Necessary) (Identify additional related persons by checking this box (Identify additional related persons by checking this box Afail Processing Section Clarification of Response (If Necessary) (Identify additional related persons by checking this box Agriculture Banking and Financial Services Banking and Financial Services Energy Electric Utilities Energy Conservation Coal Mining Provestment Banking Investment Banking Pooled Investment Fund Investment Banking Pooled Investment Fund Hedge Fund Private Equity Fund Private Equity Fund Venture Capital Fund Other Investment Company Other Health Care Other Health Care Travel Other Health Care	than one issuer is filing this notice, ch	neck this box and identif	fy additional issuer(s) by a	ttaching Items 1 and 2 Continuation Page(s,
TOTO B St., Ste. 100 City San Diego CA/USA THOMSON R THOMSON R	Principal Place of Business	and Contact Informa		
City State/Province/Country ZIP/Postal Code Phone No. 760.448.8300 FEB 0 6 70 At 48.8300 FEB 0 70	Address 1		Street Address 2	
San Diego am 3. Related Persons Last Name Rodeno Street Address 1 701 B St., Ste. 100 City San Diego CA Relationship(s): Clarification of Response (if Necessary) (Identify additional related persons by checking this box And attaching Item 3 Continuation Polem 4. Industry Group (Select one) Agriculture Banking and Financial Services Commercial Banking Investment Investment Investment Investment Investment Investment Investment Banking Pooled Investment Fund If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Venture Capital Fund Other Investment Company under the Investment company Other Health Care	St., Ste. 100			PROCESSE
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Street Address 1 Street Address 2 Real Processing Section Section State/Province/Country ZIP/Postal Code JAN 2 1 2009 San Diego CA CA/USA Promoter Promoter Promoter Promoter Promoter	ame	First Name	-	Middle Name
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Section Sect	Address 1		Street Address 2	Mall Processing
San Diego CA CA/USA Promoter Promoter Alachington, DC Clarification of Response (if Necessary) (Identify additional related persons by checking this box and attaching Item 3 Continuation Polem 4. Industry Group (Select one) Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investment Banking Investment Banking Pooled Investment Fund If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the investment Company Other Health Care	St., Ste. 100			Section
Carlosa Promoter		State/Province/Country	ZIP/Postal Code	IAN 2 1 7009
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Clarification of Response (if Necessary) (Identify additional related persons by checking this box and attaching Item 3 Continuation Polem 4. Industry Group (Select one) Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investing Investment Banking Investment Banking If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company under the Investment Company (Identify additional related persons by checking this box and attaching Item 3 Continuation Policy and attaching Item 3 Continuation Policy Agriculture Business Services Energy REITS & Finance Residential Other Real Estate Other Featiling Retailing Restaurants Technology Computers Travel Is the issuer registered as an investment company under the Investment Company Company under the Investment Company Control Telecommunications Other Health Care Other Health Care Other Health Care	kin/s). V Evecutive Officer [☑ Director ☐ Promoter		Mashington, DC
(Identify additional related persons by checking this box		Z Director T Tromoter		
Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investment Banking If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Is the issuer registered as an investment company Business Services Energy Business Services Columning Environmental Services Energy Electric Utilities Energy Conservation Cother Itilities Residential Other Real Estate Coal Mining Environmental Services Other Energy Other Energy Communications Other Energy Computers Technology Computers Travel Aidines & Airports Travel Other Health Care Other Health Care Other Health Care			<u> </u>	
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Investing Investment Banking Pooled Investment Fund If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company Coal Mining Environmental Services Oil & Gas Other Energy Other Energy Computers Technology Computers Technology Computers Technology Other Technology Travel Aidines & Airports	_	◯ Ene	ergy Conservation	Q
Pooled Investment Fund If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Oil & Gas Other Energy Health Care Biotechnology Health Insurance Hospitals & Physcians Other Investment Fund Is the issuer registered as an investment company under the Investment Company Travel Aidines & Airports	<i></i>		-	○ Retailing
If selecting this industry group, also select one fund type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company Health Care Biotechnology Health Insurance Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Other Energy Computers Technology Computers Telecommunications Travel Other Technology	<i>-</i>	$\overline{\mathcal{Q}}$		-
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Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company Wenture Capital Fund Pharmaceuticals Other Health Care Other Health Care	Hedge Fund	\mathcal{Q}		Other Technology
Other Investment Fund Is the issuer registered as an investment company under the Investment Company	\mathcal{L}	· · · · · ·		· _
company under the Investment Company	Private Equity Fund	→ Hos	pitals & Physcians	C S Al-linea D Alamanta
	Private Equity Fund Venture Capital Fund	<u> </u>	•	Additional to Allibority
Act of 194(1) () 165 () 190 () international control () international control () international control ()	Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an inves	Pha stment Oth	rmaceuticals	J. Hilling and
Other Banking & Financial Services Real Estate	Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an inves	stment Oth	rmaceuticals er Health Care	

U.S. Securities and Exchange Commission

Washington, DC 20549

Item	5.	Issuei	Size
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(Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	S50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	O Decline to Disclose
Not Applicable	○ Not Applicable
Item 6. Federal Exemptions and Exclusions Cla	imed (Select all that apply)
	nvestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
_	
Item 7. Type of Filing	
New Notice OR	nt
Date of First Sale in this Offering: January 9, 2009	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? Yes No
Item 9. Type(s) of Securities Offered (Select	all that apply)
□ Equity	Pooled Investment Fund Interests
Debt	☐ Tenant-in-Common Securities
	Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offer	
Clarification of Response (if Necessary)	

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Washington, DC 20549

Minimum investment accepted from ar	ny outside investor \$	5,803,000		
Item 12. Sales Compensation				
Recipient		Recipient CRD Number		
			· · · · · · · · · · · · · · · · · · ·	☐ No CRD Number
(Associated) Broker or Dealer	None	(Associated) Broker or Dea	ler CRD Nu	mber
				No CRD Number
Street Address 1		Street Address 2	·	
City	State/Province	/Country ZIP/Postal Co	de	
city				
States of Solicitation All States				
AL	CA CO	CT	FL MI OH WV	GA HI ID MN MS MO OK OR PA WI WY PR ning Item 12 Continuation Page(s)
Item 13. Offering and Sales An	on(s) being paid compensat 10unts	lon by checking this box [and attaci	ing item 12 Continuation rage(s)
	\$ 5,803,000		 _	
(a) Total Offering Amount			OR	Indefinite
(b) Total Amount Sold	\$ 5,803,000			
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ 0		OR	Indefinite
The \$5,803,000 total offering amour exercise of the warrants included as		oximately \$290,000 worth	of shares	of stock issuable upon
Item 14. Investors				
Check this box if securities in the off number of such non-accredited investo	ering have been or may be rs who already have investe	sold to persons who do not ed in the offering:	qualify as a	ccredited investors, and enter the
Enter the total number of investors who	o already have invested in t	he offering:		
Item 15. Sales Commissions a	nd Finders' Fees Ex	penses		
Provide separately the amounts of sales check the box next to the amount.	commissions and finders'	fees expenses, if any. If an a	mount is n	ot known, provide an estimate ar
		Sales Commissions \$ 0		Estimate
Clarification of Response (if Necessary)		Finders' Fees \$ 0		Estimate

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ide the amount of the gross proceeds of the offering that I for payments to any of the persons required to be retors or promoters in response to Item 3 above. If the am	amed as executive officers,
nate and check the box next to the amount.	
Clarification of Response (If Necessary)	
nature and Submission	
	view the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this not	:e, each identified issuer is:
such service may be made by registered or certified against the issuer in any place subject to the jurisdic activity in connection with the offering of securities provisions of: (i) the Securities Act of 1933, the Secu Company Act of 1940, or the Investment Advisers A State in which the issuer maintains its principal place.	t service on its behalf, of any notice, process or pleading, and further agreeing that mail, in any Federal or state action, administrative proceeding, or arbitration brought tion of the United States, if the action, proceeding or arbitration (a) arises out of any that is the subject of this notice, and (b) is founded, directly or indirectly, upon the ities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment at of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the e of business or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of St "covered securities" for purposes of NSMIA, whether in all	of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, ates to require information. As a result, if the securities that are the subject of this Form D are instances or due to the nature of the offering that is the subject of this Form D, States cannot gor otherwise and can require offering materials only to the extent NSMIA permits them to do to
Each identified issuer has read this notice, knows th undersigned duly authorized person. (Check this be in Item 1 above but not represented by signer below	
Issuer(s)	Name of Signer
Security Business Bancorp	Pamela Schock
Signature	Title
What Atlant	Chief Financial Officer
The state of the s	Date
Number of continuation pages attached: 3	January 16, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Schock	Pamela		
Street Address 1		Street Address 2	
701 B Street Suite 100		<u> </u>	
City	State/Province/Country	ZIP/Postal Code	
San Diego	CA	92101	
Relationship(s): X Executive Of	ficer Director Promoter		
Clarification of Response (if Necessar	y)		
Last Name	First Name		Middle Name
Fitzpatrick	Claire	 	
Street Address 1		Street Address 2	
5901 Priestly Drive Suite 160			
City	State/Province/Country	ZIP/Postal Code	
Carlsbad	CA	92008	
Relationship(s): X Executive Of	ficer Director Promoter		
Clarification of Response (if Necessar			
Claimeation of hesponse (if necessar	"		
			Middle Name
	Gail		
Jensen-Bigknife Street Address 1	Gall	Street Address 2	
5901 Priestly Drive Suite 160			
City	State/Province/Country	ZIP/Postal Code	
Carlsbad	CA	92008	•
L			
	ficer Director Promoter		
Clarification of Response (if Necessa	ry)		
Last Name	First Name		Middle Name
Espino	Steve		
Street Address 1		Street Address 2	
701 B Street Suite 100			
	State/Province/Country	ZIP/Postal Code	
City		ì ————	
City San Diego	CA	92101	
	CA	· · · · · · · · · · · · · · · · · · ·	

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Stong Dave Street Address 2 Street Address 1 5901 Priestly Drive Suite 160 State/Province/Country ZIP/Postal Code City CA 92008 Carlsbad X Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Paul Champlin Street Address 2 Street Address 1 SEC Mall Processing 5901 Priestly Drive Suite 160 Section State/Province/Country ZIP/Postal Code City lca 92008 JAN 2 1 7000 Carlsbad X Executive Officer Director Promoter Relationship(s): unaghington, Di Clarification of Response (if Necessary) Middle Name Last Name First Name Keller Robert Street Address 2 Street Address 1 701 B Street Suite 100 State/Province/Country ZIP/Postal Code City 92101 ICA San Diego Executive Officer X Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Carrier Gordon Street Address 2 Street Address 1 701 B Street Suite 100 State/Province/Country ZIP/Postal Code City CA 92101 San Diego Executive Officer | Director | Promoter Relationship(s): Clarification of Response (if Necessary) (Copy and use additional copies of this page as necessary.)

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Cruzan	Dennis		
Street Address 1		Street Address 2	
701 B Street Suite 100			
City	State/Province/Country	ZIP/Postal Code	
San Diego	CA	92101	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
- 			
Last Name	First Name		Middle Name
Cody	ly Greg		
Street Address 1		Street Address 2	
701 B Street Suite 100			
City	State/Province/Country	ZIP/Postal Code	
San Diego	CA	92101	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Clarification of Nesponse (if Necessary)		<u> </u>	
		<u> </u>	MODELLE AND
Last Name	First Name		Middle Name
Millimaki	Bruce	6	
Street Address 1		Street Address 2	
701 B Street Suite 100	51515	719.19 . 1.6 . 1	
City	State/Province/Country	ZIP/Postal Code	
San Diego	CA	92101	
Relationship(s): Executive Office	r 🔀 Director 🗌 Promoter		
Relationship(s): Executive Officer Clarification of Response (if Necessary)	r 🔀 Director 🔲 Promoter		
,,, <u> </u>	Promoter Promoter		
,,, <u> </u>	Promoter Promoter		Middle Name
Clarification of Response (if Necessary)			Middle Name
Clarification of Response (if Necessary) Last Name	First Name	Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name Stoorza-Gill	First Name	Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name Stoorza-Gill Street Address 1	First Name	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Stoorza-Gill Street Address 1 701 B Street Suite 100	First Name Gail		Middle Name
Clarification of Response (if Necessary) Last Name Stoorza-Gill Street Address 1 701 B Street Suite 100 City	First Name Gail State/Province/Country CA	ZIP/Postal Code	Middle Name